



KPTA

Kentucky
Physical Therapy
Association

Comments in Response to Certificate of Need Modernization Regulations – Due June 30, 2015

Recommendation

Remove references to Physical Therapy in Section 3(1)(a). We crafted this language in cooperation with speech language pathologists and Kentucky Occupational Therapy Association. All three groups are submitting their own comments to the office of CON.

Create a new Section 3(4) to the following:

A practice owned entirely by an occupational therapist licensed pursuant to KRS 319A, a physical therapist licensed pursuant to KRS 327, a speech therapist licensed pursuant to KRS 334A, or a group of occupational therapists, physical therapists, or speech therapists that has demonstrated the following:

- (a) The practice claiming the exemption primarily provides occupational, physical and/or speech therapy services (**e.g., evaluation and management codes) rather than services or equipment covered by the State Health Plan;
- (b) Services or equipment covered by the State Health Plan which are offered or provided at the office or clinic shall be primarily provided to patients whose medical conditions *requiring therapy services* are being treated by the practice;
- (c) Compliance with subsection 1(e), (f) and (g) of this section; and
- (d) Nothing in this section shall limit or prohibit the practice claiming the exemption from employing occupational therapists, occupational therapy assistants, physical therapists, physical therapy assistants, speech-language pathologists or speech-language pathology assistants.

Reasoning

Under state law the therapies are not required to be supervised by physicians. Patients have enjoyed this direct access for some time, leading to improved health outcomes and lower administrative costs.

In a physicians' practice where multiple physicians own the practice, the owner-physicians do not direct the treatment of a patient whose care is being managed by a non-owner physician. This would slow down the delivery of care and add to the administrative cost, while doing nothing to



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improve the quality of care or to better protect the consumer. Similarly, in a therapy practice offering multiple types of therapy, an owning therapist need not direct the treatment provided by an employee therapist. Direct care provided by licensed therapists protects the consumer while being cost-effective. Another layer of unnecessary supervision only adds to the cost of care, which inevitably gets passed on to the consumer.

We consider the CON laws to be in conflict with the principle of direct access as it pertains to the therapies. Owners of therapy clinics, especially those who are licensed and practicing, should not have the scope of the practice restricted simply because it is outside the scope of the ownership's therapy practice. This is counter to the policy of direct access for the patient and creates unnecessary barriers to care by increasing costs.

An important example of the need for CON modernization is the First Steps program, a pediatric therapy Waiver program. These licensed practitioners have been providing the highest quality care to consumers for years. The CON process is very complex and costly for these small operators who generally work with specialized and vulnerable populations. Most of these small practices would not have the financial resources to conduct a market needs assessment and other required documentation. . The need to go through the CON process will likely force many of these providers to consider other employment. Rather than drive these providers away from providing specialized care, especially to Medicaid recipients, the Cabinet should exempt the therapies from the CON process. Rather than carve this one program out—which would be a step backwards from a comprehensive modernization of the CON process and the expansion of services related to the Affordable Care Act —these providers could be encouraged to expand their consumer base.

The Kentucky Physical Therapy Association would prefer that the Cabinet make the suggested changes in regulation.

The Kentucky Physical Therapy Association



Kentucky Occupational Therapy Association

June 30, 2015

Tricia Orme
Office of Legal Service
275 East Main Street
Frankfort, Ky 40601

Subject: Regulation 900 KAR 5:020

Dear Ms. Orme:

The practitioners in the field of Occupational Therapy applaud the Cabinet's efforts to modernize the Certificate of Need process to better reflect the changing world of health care. However, we are concerned that the joint recommendation from the Kentucky Occupational Therapy Association, the Kentucky Physical Therapy Association and the Kentucky Speech-Language-Hearing Association were not incorporated into the administrative regulation that was recently filed.

We believe that by continuing to require those who practice occupational therapy obtain a CON in some circumstances will limit participation by those in the profession in the Medicaid program and therefore, limit access for Medicaid patients for the services provided by these practitioners. We would also like to reiterate that Kentucky remains one of only three states that require a CON for any therapy practice.

Recommendation One: Our practitioners continue to believe the most reasonable course of action is for the Cabinet follow the recommendation from the joint letter from the KOTA, KPTA and Kentucky Speech-Language-Hearing Association submitted at the beginning of the process. That recommendation is as follows:

Remove references to OT, PT, SPL in Section 3(1)(a).

Create a new Section 3(4) to the following:

A practice owned entirely by an occupational therapist licensed pursuant to KRS 319A, a physical therapist licensed pursuant to KRS 327, an speech therapist licensed pursuant to KRS 334A, or a group of occupational therapists, physical therapists, or speech therapists that has demonstrated the following:

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Kentucky Occupational Therapy Association

- (c) *Compliance with subsection 1(e), (f) and (g) of this section; and*
- (d) *Nothing in this section shall limit or prohibit the practice claiming the exemption from employing occupational therapists, occupational therapy assistants, physical therapists, physical therapy assistants, speech-language pathologists or speech-language pathology assistants.*

Recommendation Two: If the Cabinet believes the first recommendation is unworkable. We suggest removing the justification section of the CON application required for unsubstantiated review. The justification section is the most costly and difficult part of the application for those who practice occupational therapy. It is also unnecessary in many circumstances. It often requires a practitioner obtain an attorney or consultant and

has limited benefit to the Cabinet while making it very expensive for the practitioner. At times when justification is needed, the Cabinet can still request the information from the practice before making the decision on whether to grant the CON.

It is our understanding that the Cabinet could make this change by a change of policy and it would not require a change of statute or regulation.

The Occupational Therapists all agree that Kentucky's health care system and health care outcomes would benefit greatly from a thoughtful modernization of the Certificate of Need process, making this system better fit the changing world of medicine and health care. We hope that the Cabinet will see the therapies to be the critical piece of the provider network that they have become, and to encourage them to spend more of their time focusing on the provision of care and expanding their consumer base.

Most Professionally,

Eric M. DeYoung, ND, OT/L
President
Kentucky Occupational Therapy Association
502-609-4872



Marshall Pediatric Therapy
105 Windhaven Dr, Suite 1
Nicholasville, KY 40356
Ph: 859-224-2273

June 30, 2015

Ms. Tricia Orme
Office of Legal Services
275 East Main Street 5 W-B
Frankfort, KY 40601

Dear Ms. Orme:

We provide pediatric therapy to Kentucky children and are invested in providing excellent services in two settings: outpatient facility and in home health. We partner with a local home health agency to provide physical, occupational and speech therapy to both children and adults. Please accept this letter in opposition to making any changes in the existing home health agency provisions in the current State Health Plan. The proposed changes to exempt certain providers that meet arbitrary federal milestones are discriminatory and run afoul of the purpose of the State Health Plan. It should be noted that data for Home Health Compare reports favors agencies who only accept (or cherry pick) Medicare patients. Data from Medicaid and other patients are also included in the Home Health Compare Report; therefore can reflect unfavorably to current agencies that provide services to all patients of differing payor services and case mix.

Pursuant to KRS 216B.010, the purpose of the State Health Plan is the prevention of "the proliferation of health care facilities, health services and major medical equipment which increases the cost of quality health care within the Commonwealth". Placing unfounded preferences for certain providers to expand home health services is the epitome of proliferation. If the proposed changes are effectuated, the State Health Plan would look at the proposed provider to determine consistency with the State Health Plan rather than the patient population or the existing home health environment for the area served.

Therefore I recommend that no home health agency changes be made to the existing State Health Plan.

Respectfully,

Pam Marshall, OTR/L
Founder and Managing Member of
Marshall Pediatric Therapy, LLC



June 30, 2015

Tricia Orme
Office of Legal Service
275 East Main Street
Frankfort, KY 40601

Subject: Regulation 900 KAR 5:020

Dear Ms. Orme:

The practitioners in the field of Speech and Language Pathology applaud the Cabinet's efforts to modernize the Certificate of Need process to better reflect the changing world of health care. However, we are concerned that the joint recommendation from the KOTA, KPTA and the Kentucky Speech-Language-Hearing Association were not incorporated into the administrative regulation that was recently filed.

We believe that by continuing to require those who practice speech and language pathology obtain a CON in some circumstances will limit participation by those in the profession in the Medicaid program and therefore, limit access for Medicaid patients for the services provided by these practitioners. We would also like to reiterate that Kentucky remains one of only three states that require a CON for any therapy practice.

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Recommendation Two: If the Cabinet believes the first recommendation is unworkable. We suggest removing the justification section of the CON application required for unsubstantiated review. The justification section is the most costly and difficult part of the application for those who practice speech and language pathology. It is also unnecessary in many circumstances. It often requires a practitioner obtain an attorney or consultant and has limited benefit to the Cabinet while making it very expensive for the practitioner. At times when justification is needed, the Cabinet can still request the information from the practice before making the decision on whether to grant the CON.

It is our understanding that the Cabinet could make this change by a change of policy and it would not require a change of statute or regulation.

The Speech Language Pathologists all agree that Kentucky's health care system and health care outcomes would benefit greatly from a thoughtful modernization of the Certificate of Need process, making this system better fit the changing world of medicine and health care. We hope that the Cabinet will see the therapies to be the critical piece of the provider network that they have become, and to encourage them to spend more of their time focusing on the provision of care and expanding their consumer base.

Sincerely,

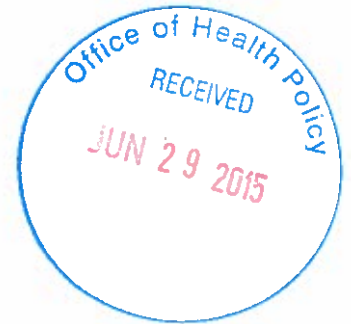
Tamara Cranfill

President

Kentucky Speech Language Hearing Association



**RADIOLOGY
ASSOCIATES**
OF NORTHERN KENTUCKY



June 29, 2015

Tricia Orme
Office of Legal Services
275 East main Street 5 W-B
Frankfort, KY 40601

Dear Ms. Orme,

On behalf of Radiology Associates of Northern Kentucky, PLLC (RANK), I would like to express our concerns with and opposition to the proposed changes for the 2015-2017 State Health Plan as it relates to the Certificate of Need process, specifically to the removal of MRI. RANK is one of the private practices in the region and the largest private radiology practice in NKY / Greater Cincinnati. We have 33 Radiologists and 5 Physician Assistants practicing in the Northern Kentucky area and serve in excess of 400,000 patients each year. In addition, we proudly support St. Elizabeth Healthcare has programs at its Edgewood Florence, Grant County and Ft. Thomas hospitals where we, provide physician services to their patients. Members of our practice have proudly served the Northern Kentucky community for over 66 years and we have a deep commitment to providing exceptional, evidence based diagnostic and interventional radiology care to our community.

Although the Certificate of Need (CON) process is not without controversy, its stated goals of assuring access and quality of care throughout our Commonwealth are admirable. An additional goal, of course, has been to exert some degree of regulation of capital expenditure. I am sure we would all agree that the Certificate of Need process was intended to help prevent unnecessary proliferation of facilities and expensive medical equipment. Our concerns revolve around the following proposed language change and the unintended consequences of inefficient capital resource allocation that may result in increased cost of care and decreased quality:

The removal of MRI Technology in IV Diagnostic and Therapeutic Equipment and Procedures, B, we believe will damage the quality of MRI services provided to our community and will result in a pricing war which inevitably leads to lack of reinvestment in new technology thus reducing the highest standard of care currently provided to our patient community.

Although the change may have been intended to promote quality care, we feel that there is a real danger of adverse impact on patient care due to...

- a. Unnecessary installation of MRI services that is not driven by need, rather by revenue.
- b. Many of our metro areas border with states with multiple large hospital systems that would like to expand operations and increase their market share, thereby reducing the focus on quality of services rendered.
- c. Allowing non-volume driven expansion of MRI modality facilities into and within Kentucky markets will lead to duplication of such services that will not benefit patients but rather, raise the cost of care

2. Fractured Care

- a. As multiple health systems expand into neighboring communities, we risk inefficiencies of poor communication between providers and more difficult access to medical records
- b. Crowding out of private practices
- c. Lower volumes of patients throughout existing MRI programs thereby reducing proficiency of services provided
- d. There is a significant body of literature that shows the relationship between *higher* volume and *improved* quality of care (rationale for “centers of excellence”).
- e. Accreditation alone is not a good measure of quality
 - i. It is speculative that accredited but low volume centers improve quality of care

Supporting robust volume requirements allows existing MRI centers to achieve efficiencies of scale and helps ensure adequate utilization of costly radiology equipment. This is consistent with the interests of the community and the goals of CON. Additionally it allows for improved access to other ancillary services.

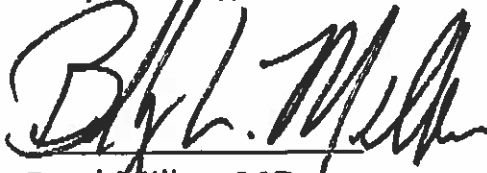
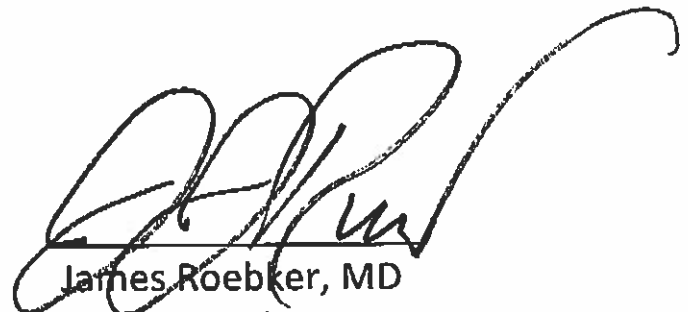
If your committee feels that quality concerns are significant enough to warrant specific attention, I am certain that more effective incentives could be created that would avoid some of the unintended consequences that we have described above. RANK would be pleased to contribute to this effort if we can be of assistance.

To reiterate, the current proposed changes and exemptions minimize the prior focus on volume based assessments and highly increases the chance of unnecessary duplication of services and inefficient use of valuable healthcare dollars. It also jeopardizes the viability of private practices that don't have the financial resources of a large hospital system. I would encourage you to examine the greater Cincinnati health care market and specifically, the outpatient radiology programs that exist there. Over time, the health care market in Kentucky would likely move towards a similar, undesirable, situation.

We ask that you reconsider the proposed removal of MRI in the State Health Plan.

Thank you for your time and consideration.

Respectfully,


Brad Miller, MD
President, RANK
James Roebker, MD
Radiology Chair, SEHC
C. Chad Wiggins
CEO, RANK



June 30, 2015

Tricia Orme
Office of Legal Services
275 E. Main St. 5 W-B
Frankfort, KY 40601

Re: 900 KAR 5:020
2015-2017 State Health Plan

Dear Ms. Orme:

I am writing on behalf of Georgetown Community Hospital ("GCH") to comment on the proposed changes in the review criteria for Megavoltage Radiation Equipment in the 2015-2017 Kentucky State Health Plan. GCH is a LifePoint hospital located in Georgetown. LifePoint and GCH have long supported Kentucky's Certificate of Need program and worked with the Cabinet and its predecessors in the health planning process.

We support the change in Review Criteria 1.a. concerning the utilization threshold of existing programs. This will allow approval of needed programs notwithstanding lower utilization of an existing single machine program. However, we request that the Cabinet clarify the manner in which this change will be applied in order to avoid a potentially unintended consequence.

Currently, all programs in the service must average 8,000 procedures per year. This is determined by dividing the total number of procedures by the total number of programs. Even very low utilization in one or more programs would not preclude approval if there was sufficient volume in other programs to bring the average above 8,000. This additional volume is uniformly in programs with more than one linear accelerator.

The Cabinet in its proposal recognizes that single machine programs in Kentucky do not exceed 8,000 procedures and has adjusted the threshold to take this into account. However, our question is how the Cabinet would calculate the use rate in service areas that have both a single-machine program and a multi-machine program. We are certain that, in its modernization of the review criteria, the Cabinet did not intend to cause low utilization in one program, where overall utilization is high, to preclude approval of a needed program in the proposed service area.

Thus, we present a hypothetical example and request that the Cabinet agree in its Statement of Consideration as to the interpretation of the proposed language. Assume that there are two programs in the proposed service area, one with a single machine and the other

Tricia Orme
June 30, 2015
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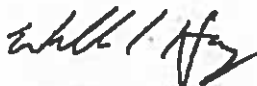
with multiple machines. Our question is whether the required total number required for these programs is 12,000 (4,000 plus 8,000) or whether the single machine program must exceed 4,000 and the multiple machine program must exceed 8,000. For example, assume that utilization of the single machine program in the most recent report was 3,500 while utilization of the multiple machine program was 13,000. Under the prior methodology, the average for the two programs would have exceeded 8,000 and another program could have been approved. We believe that the intent of the Cabinet is that, based upon the excess utilization of the multiple machine program, the fact that the single machine program had less than 4,000 procedures would not preclude approval of another program. Please confirm this interpretation in your Statement of Consideration.

In the alternative, we suggest that the proposed language in Review Criterion 1.a. be slightly modified to state as follows:

"The number of procedures performed in the proposed planning area is greater than the sum of four thousand (4,000) procedures per megavoltage radiation therapy program with only one (1) megavoltage radiation therapy unit and eight thousand (8,000) per megavoltage radiation therapy program with two (2) or more megavoltage radiation therapy units, as reported in the latest edition of the *Kentucky Annual Megavoltage Radiation Services Report*."

Thank you for the opportunity to submit these written comments. As always, we support Kentucky's CON program and will continue to work with the Cabinet in the health planning process.

Sincerely,



William C. Haugh
Chief Executive Officer

TALKING POINTS FOR THE HEARING ON STATE HEALTH PLAN CHANGES

Submitted by Timothy L. Herber, Administrator, Taylor Regional Radiation Oncology
125 Greenbriar Drive, Campbellsville, Kentucky 42718

- My name is Tim Herber. I am the Administrator of Taylor Regional Radiation Oncology in Campbellsville, Kentucky, a physician-owned radiation therapy facility. We have filed a CON application to establish a megavoltage radiation therapy service in Campbellsville.
- I am here to speak in favor of the proposed changes to the State Health Plan's review criteria for megavoltage radiation equipment. The changes will increase access to this important, life-saving service.
- Specifically, we support the revised definition of "megavoltage radiation therapy program" to include a currently licensed service or a service that is not licensed but has an outstanding, unimplemented certificate of need that was issued no longer than three years prior to the filing of an application filed by a different entity.
- This change is necessary due to a situation in Taylor County and, we believe, other counties, where an entity received CON approval to establish a megavoltage radiation therapy service in 2006, nearly ten years ago. The entity has done nothing to implement its CON, in violation of the CON law and regulations on progress reports, which provide that a project not complete after the sixth Progress Report (three years) shall be subject to revocation. Its project is not only not complete, it has done nothing to implement it:
 - No equipment has been purchased;
 - No financial commitment has been obtained;
 - No real estate has been acquired nor contracts let for construction;
 - In fact, the address listed on the CON application is the address of the group that I represent, and we have no plans to move;
 - Because it cannot occupy the site specified on its application, a change in address will be necessary, and that will require a new CON application to change the location, yet nothing has been filed;
 - All of the above remains true even in the most recent Progress Report, filed last month; and
 - Even though it is obvious that this project will not be implemented in Taylor County, the current State Health Plan would likely prevent the approval of another proposal that would actually serve the population.
- With (1) the passage of nearly ten years, (2) no progress at all having been made in the implementation of this project, and (3) despite being granted over a dozen extensions, it is past time to revoke this CON or at least to make it irrelevant to any attempt by another provider to serve the area. This proposed change would do the latter, and we urge the Cabinet to adopt it.



**Medical Oncology
& Hematology**

Mary E. Albers, M.D.
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Lawrence V. Brennan, M.D.
E. Randolph Broun, M.D.
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James H. Essell, M.D.
Edward A. Faber, Jr., D.O., M.S.
Irfan Firdaus, D.O.
Daniel Flora, M.D., Pharm.D.
Douglas B. Flora, M.D.
Benjamin T. Herms, M.D.
Miguel A. Islas-Olmayer, M.D.
Filix Kencana, M.D.
Ravi C. Khanna, M.D.
David L. Kirlin, M.D.
Prasad Kudalkar, M.D.
Evan Z. Lang, M.D., M.S.
Kurt P. Leuenberger, M.D.
Mary Ellen McCullough, M.D.
Suzanne M. Partridge, M.D.
Michele Redden-Borowski, M.D.
Peter G. Ruehlman, M.D.
Christy M. Sapp, M.D.
Daljeet Singh, M.D.
Patrick J. Ward, M.D., Ph.D.
David M. Waterhouse, M.D.
Paula F. Weisenberger, M.D.
John C. Winkelmann, M.D.

Gynecologic Oncology
Marcia C. Bowling, M.D.
Dene' C. Wrenn, M.D.

Radiation Oncology
Robert B. Barriger, M.D.
Lauren E. Castellini, M.D.
Susan Feeney, M.D.
Peter R. Fried, M.D.
Rodney P. Geier, M.D.
Jennifer W. Gerson, M.D.
Jeffrey I. Grass, M.D.
Sandra Herrington, M.D., Ph.D.
Elizabeth H. Levick, M.D.
Marc R. Mosbacher, M.D.
David Pratt, M.D.
John F. Sacco, M.D.
Pratish H. Shah, M.D.
Dennis E. Ulewicz, M.D.
Sandra J. Victor, M.D.

Neurologic Oncology
Prasad Kudalkar, M.D.

June 26, 2015

Tricia Orme
Office of Legal Services
275 East Main Street 5 W-B
Frankfort, KY 40601

Dear Ms. Orme,

On behalf of Oncology Hematology Care, Inc. (OHC), I would like to express our concerns with and opposition to the proposed new language for the 2015-2017 State Health Plan regarding Megavoltage Radiation Therapy. OHC is one of the largest oncology private practices in the country. We have 3 radiation oncologists and 7 medical oncologists practicing in the Northern Kentucky area and a physician-office exempt radiation therapy center that serves the Northern Kentucky community. In addition, St. Elizabeth Healthcare has programs at its Edgewood and Ft. Thomas hospitals where we, along with other oncology specialists, provide physician services to patients. Members of my practice have proudly served the Northern Kentucky community for over 30 years and we have a deep commitment to providing exceptional, evidence based oncology care to our community.

Although the Certificate of Need (CON) process is not without controversy, its stated goals of assuring access and quality of care throughout our Commonwealth are admirable. An additional goal, of course, has been to exert some degree of regulation of capital expenditure. I am sure we would all agree that the Certificate of Need process was intended to help prevent unnecessary proliferation of facilities and expensive medical equipment. Given the realities of limited health care resources in our communities, health care planners have played an important role in preventing the unnecessary proliferation of Radiation Oncology services in our communities. Our concerns revolve around the following proposed change and the unintended consequences of inefficient capital resource allocation that may result in increased cost of care and decreased quality:



Medical Oncology

& Hematology

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Neurologic Oncology

Prasad Kudalkar, M.D.

"Notwithstanding the above criteria, an application to establish a megavoltage radiation service which will be majority-owned (>50%) by a hospital accredited by the American College of Surgeons Commission on Cancer as an Academic Comprehensive Cancer Program, a Comprehensive Community Cancer Program, an Integrated Network Cancer Program or a Pediatric Cancer Program shall be consistent with this Plan."

Between this proposed change and the change in Review Criteria 1, relating to the volume requirements, we feel that the threshold for approval of a new radiation oncology program has been dramatically lowered to the detriment of patient care. Although the change may have been intended to promote quality care, we feel that there is a real danger of adverse impact on patient care due to...

1. Unnecessary proliferation of Radiation Oncology services that is not volume driven
 - a. Many of our metro areas border with states with multiple large hospital systems that would like to expand operations and increase their market share
 - i. They are able to sustain losses in oncology and maintain low volume centers due to expected increases in referrals to other ancillary services (images, surgery, diagnostic testing)
 - b. Allowing non-volume driven expansion of radiation oncology facilities into and within Kentucky markets will lead to duplication of such services that will not benefit patients but rather, raise the cost of care
2. Fractured Care
 - a. As multiple health systems expand into neighboring communities, we risk inefficiencies of poor communication between providers and more difficult access to medical records
 - b. Crowding out of private practices
 - i. Much of radiation oncology treatment is outpatient and community based
 - ii. Radiotherapy does not always need to occur in HOD (hospital outpatient department) facilities which are more costly



**Medical Oncology
& Hematology**

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- iii. Private practices cannot sustain operational losses, unlike hospital systems
- 3. Lower volumes of patients throughout radiation oncology programs
 - a. There is a significant body of literature that shows the relationship between higher volume and improved quality of care (rationale for "centers of excellence").
 - b. Accreditation alone is not a good measure of quality
 - i. It is speculative that accredited but low volume centers improve quality of care
 - ii. Radiation oncology is highly regulated by multiple bodies and our national societies continue to promote high quality care in every setting for every patient.

Given these concerns, we would like to encourage you to carefully consider the consequence of the proposed changes and strongly consider maintaining rigorous volume requirements that we have had in the past and removing the aforementioned clause.

Supporting robust volume requirements allows radiation oncology centers to achieve efficiencies of scale and helps ensure adequate utilization of costly radiation equipment. This is consistent with the interests of the community and the goals of CON. Additionally it allows for improved access to other ancillary services.

If your committee feels that quality concerns are significant enough to warrant specific attention, I am certain that more effective incentives could be created that would avoid some of the unintended consequences that we have described above. We would be happy to contribute to this effort if we can be of assistance.

Other considerations specific to radiation oncology is the push to decrease radiation therapy utilization through hypofractionation. Many centers, including our practice, have measurably decreased radiation utilization and we expect this trend to continue. Please refer to information on the "Choosing Wisely" campaign on the American Society for Radiation Oncology (ASTRO) website www.astro.org.

To reiterate, the current proposed changes and exemptions minimize the prior focus on volume based assessments and highly increases the chance of unnecessary duplication of services and inefficient use of



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valuable healthcare dollars. It also jeopardizes the viability of private practices that don't have the financial resources of a large hospital system. I would encourage you to examine the greater Cincinnati health care market and specifically, the radiation therapy programs that exist there. Over time, the health care market in Kentucky would likely move towards a similar, undesirable, situation.

We ask that you reconsider the proposed changes discussed above and additionally, strongly consider maintaining rigorous volume requirements in the State Health Plan.

Thank you for your time and consideration.

Sincerely,

Randy Broun, MD
President &
Chairman, Board of Directors
OHC, Inc.

On behalf of OHC KY Radiation Oncologist:

Lauren E. Castellini, M.D.
Susan Feeney, M.D.
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Doctor: So much health care not healthy

James L. Whiteside 11:57 a.m. EDT May 26, 2015



(Photo. Provided)

James L. Whiteside is an associate professor of obstetrics and gynecology at the University of Cincinnati College of Medicine. He has been actively involved in bioethics and health policy both locally and nationally.

Drivers at the corner of Montgomery and Kemper behold two billboards recommending two different Cincinnati hospital systems. Another mile or two down the road they're confronted with more billboards about other Cincinnati hospital systems. Greater Cincinnati has an unusually high number of hospital systems for its population of about 2 million.

Cincinnati also spends a lot on health care. In 2013, Greater Cincinnati spent \$15 billion on health care, but despite that ranked 142 out of 189 metropolitan areas in overall health. Considered at the state level, Indiana, Ohio and Kentucky rank 41, 42 and 49 for overall health among U.S. states. To be blunt, Cincinnati, you're not getting a lot of value for your health care spending.

What's the problem? Part of the problem relates to all those billboards. As each hospital duplicates the services of the next, more doctors are hired. Oddly enough, more health services and more doctors (the claims of a physician shortage are not entirely correct), does not render uniformly better health status for a given community. Indeed, more doctors and more health services often just means more spending.

Women's health is a popular hospital service line. About eight to 10 ob/gyn docs are needed per 100,000 women, according to four different models for estimating the appropriate physician-to-patient ratio. Accordingly, Cincinnati needs at most 80 to 100 ob/gyn docs. HealthGrades lists more than twice that number for Cincinnati – and that's not including the doctors in Kentucky and Indiana. There are costs associated with keeping docs in business that in other communities are in balance with the available clinical work. In Cincinnati, that work is now divided among at least twice as many docs. Idle hands are the devil's workshop, but with respect to health spending these hands are not idle.

Charlotte, North Carolina, and Minneapolis, Minnesota, are similar cities to Cincinnati in terms of population characteristics. According to the Dartmouth Atlas both cities have fewer overall physicians with more primary care specialists and fewer docs who "do procedures" relative to Cincinnati. Notably, Medicare spending for chronically ill patients in the last two years of life differs dramatically across the three cities. Cincinnati hospitals spend about \$10,000 more per patient – some hospitals considerably more than others – for the same outcome (death).

These relationships are well described in the medical literature. Some of the leadership in the area's hospitals understand the problem but it's a game of chicken since to not expand, to not hire more docs, risks being shut out of the potential revenue you need to fuel the "needed" expansion.

The focus of health care delivery in Cincinnati is awry. There is inadequate focus on community or population health despite the fact that to optimize these, as much as anything else, optimizes individual health. Until that focus changes the billboards will continue – and so will the futile spending.

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